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\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FILED NUMBER EXTRA RATE RATE FFF FOR FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = X \$ OR INDEPENDENT OF AIMS (37 CFR 1.16(b)) minus 3 = X S OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR \* If the difference in column 1 is less than zero, enter "0" in column 2. **TOTAL** OR **TOTAL** CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY **SMALL ENTITY** (Column 1) CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL ENDMENT AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus OR Independent (37 CFR 1.16(b)) Minus = = X \$ X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-PREVIOUSLY **EXTRA** TIONAL TIONAL **AFTER** AMENDMENT PAID FOR FEE FEE Minus ENDME Total (37 CFR 1.16(c)) X \$ OR X \$ independent (37 CFR 1.16(b)) Minus = X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OB TOTAL TOTAL ADD'I FFF OR ADD'L FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS PRESENT ADDI-RATE REMAINING NUMBER RATE ADDI-**EXTRA PREVIOUSLY** TIONAL TIONAL ENDMENT AFTER AMENDMENT PAID FOR FEE FFF Total Minus (37 CFR 1.16(c)) X \$ OR X \$ Minus Independent (37 CFR 1.16(b)) OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + \$ = TOTAL TOTAL ADD'L FEE OR ADD'L FEE \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

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